BP.

injury, or other traumatic event, the medical examine (must be patified of once

IMPORTANT: If them 21 is marked or them 18 shaws any

CERTIFICATE OF DEATH	REG. NO.					1
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8		0	3	3	3	6

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO.				
1		CEASED NAME	FIRST	M	MODLE	L.	AST	MA ASI	20. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOI	JR
		2,1,1,1,1,1	EDGAL	R W	ILLIS	ATK	INSO	N	Jan	nuary	16,	198	1		м
1	3. SE)	X		RACE		5. DATE O		_YEAR	6. AGE (1	N YEARS LAST B	RTHDAY)	IF UNDER	DAYS	IF UNDER	R 24 HRS
	1	male		w)	hite	June		1897		83	YRS		DATS	HOURS	Wille
i	7a BII	RTHPLACE STATE O	R FOREIGN	Th CITIZEN OF V	WHAT COUNTRY?	8 MADDIE	NEVEL	R MARRIED	9. BALTIA	AORE CITY	OR COUN	TY OF DEA	ATH		
9		Marylan	d	US	SA	WIDOWE		DIVORCED [	We	orces	ter				MD.
	10. CI	TY OR TOWN OF D	DEATH		OSPITAL, NURSIN		R OTHER IN	ISTITUTION		AL OCCUPA ORK FOR MOST				F BUSIN	ESS OR
0	P	ocomoke	VEST !		arke Av				re	tired	far	mer	, J ( )		
	13a S	AL RESIDENCE (IFN STATE	135 COUN	other institution.	13c CITY OR TOW	N	13d INSIDE	CITY LIMITS?		et address Clark		enue			- 74
		THER'S NAME	7447	7			15 MOTHE	R'S MAIDEN NA	ME		100	100			
3	5	Charkes		IDDLE	Atkins	on		Anna		WIDDLE		Ma	ddo	x	
	16a W	VAS DECEASED EV	ER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU		17 INFORA	MANT		ADD	ESS C1	arke	Av	eni	10
	(1	no	(11 165, 0146	WAR OR DATES)	220-32-	0568	Hele	n M. A	tkin	son F	COM	oke.		rvl	
		Conditions, if o gove rise to i couse (a), sto underlying cos	ny, which immediate ating the	DUE TO, OF	AS A CONSEQUE COPONS AS A CONSEQUE	ence of			illa	A. tion	wit	h			
		PART 2. OTHER SI	IGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISE	ASE OR CO	NDITION	GIVEN IN P	ART 1(o	)	_
	Z				Arthrit										
9	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH					JTOPSY?	20b. IF	YES, WERE			TH?
7		210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY ME	CAUSE OF DEAT	HOUR A.A	M. MONTH DA	YEAR	21c. HOW	INJURY OCCURE	RED (ENTER	NATURE OF IN	URY IN ITEM 1	18, PART I OR P	ART 2)		
	MEDICAL	WHILE OCCU	URRED	21e. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCA STREE			CITY OR TO	NWC	COUN	VIY	S	TATE
		220.1 certify that sow the dece above, (1) (we	osed plive on	770	11 19	June 80. or	nd that in (m	y) (our) opinion (	, to death accu	Dec	dote and h	. 19 8 (	om the c	that (1) ( couses st	(we) lost toted
		THE CHYSICARN'S	Servio	wes,	gr.	M.	D-	ATTENDING PHYSICIAN ESS	MEDICA DIRECTO		AFF ICIAN 🗌		1/1	9/8	1
1					Jr., M.	. D.	11		et St	t., P	ocom	oke,	Md.	2	185

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Salem Meth. Cem.

Pocomoke

Worcester Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

24 FUNERAL DIRECTOR

NAME

NAME nelson Pocomoke City, Md.

1/18/81

JAN 2 3

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

January 16, 1981	L HOESE			HAST	
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	1.0	t			

1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYSIENE 0 3	3/
1-	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
(TY	DECEASED NAME FREST MIDDLE LUKEYS BECKETS 26. DATE KNOWN & MONTH OF ESTI-DEATH MATED DET	7,21981 5AM
3. SE	Male Negro Feb 15/910 Jast BIRINDAY) MONTHS DAYS HOURS MIN PRONOUNCED Jan.	2 19 81 5 AM
) i "	BIRTHPLACE (STATEOR FOREIGN COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY?   WIDOWED   ON ORCED   ORCED   ON ORCED   ORCED	25-C MD.
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3 FOR MOST ON WORKING LIFE)  UAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	FACTORY
130.	STATE 13 COUNTY 13 OTY OR TOWN 130. INSIDE (ITY LIMITS? 13 OF REET ADDRESS 14  FATHER'S NAME 15. MOTHER'S MAIDEN NAME	3A /
16o. '	WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT (ADDRESS. (2)	bualas
('	(YES, NO) OR JUNKNOWN) (IF YES, GIVE WAR OR DATES) 28-20-6098 Winnie Dennis Pocom  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY:  IMMÉDIATE CAUSE (a).  Conditions, if any, which gave rise to immediate cause (a) stating the under-  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	BETWEEN ONSET AND DEATH FEW HIPS
	lying couse last: (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
NO		
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES □ NO ☑
MEDICAL CE	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
MED	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME.  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  CO	DUNTY STATE
	220   Certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my a death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	pinian
1	SKSNATURE C. Todaworth M.D. DEPUTY MEDICAL EXAMINER SIGN	ED
73a.1	EMPAL CREMATION REMOVAL 236. DATE 234, NAME OF CEMETERY OR CREMATORY TO THE STATE OF CEMETERY OF CREMATORY TO THE STATE OF CEMETERS OF	Tora Mid.
5		SIGNATURE Andrew
-		thereast a true out and a

TELL STATE OF THE SECOND The safe is the same of the same of the safe in the sa the trade of the second of THE LARGERY C. HELLENGTHON TO THERE S. F. LEWIS MAN MED.

		OR			TE OF MARYLAND REALTH AND MENTAL H	YGENE	3 3 3 0
						•	0.
THE SE			JOHN	HENRY	BROWN	20. DATE KNOWN OF ESTI- DEATH MATED	1 25,81 53
A DO DE LA COLONIA DE LA COLON	N	ale Cara	MONT	H DAY YEAR LAST BIRTHDA	Y) MONTHS DAYS HOURS	PRONOUNCED DEAD	1 25 19 81 65 MM
Willer A	FOI	Md,		U.S.A.	WIDOWED DIVORCE	ib   W	ORCESTER MD.
O O SE REED	E	Berlin	Be	OVERDAM Ra RT3	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE) FAYMER	PEOFWORK 12b. KIND OF BUSINESS OR INDUSTRY
AND RETAIL POULD COOR				NSTITUTION. GIVE RESIDENCE BEFORE ADMISSING TEV 136. CITY OR TOWN DOWN	13d. INSIDE CITY LIMITS? YES NO X	Beaverdank	d. Rt3
SES 1, 2, A PM 3.	14. FA	THER'S NAME FIRST GOLD	SDOVE	Brown	Martha	MIDDLE	Quillen
AFTER SIVE PAC TH FOR AGES 1	Ioa. V	VAS DECEASED EVER IN S, NO, OR UNKNOWN) (	U.S. ARMED FO IF YES, GIVE WAR OR D		187 Flore L	Brown, Rt3 B	ox555 Berlin Md.
0= = .		PART I DEATH WA	S CAUSED BY:	1 10000 141	eradid Septe	ution	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
" E J & () .		Conditions, if an	y, which	DUE TO, OR AS A CONSEQUENCE	to Carlon	menter deser	ine
EXAMIN PENCE EXAMIN PENCE EXAMIN RIAL-TRA					DF .		
BE EXECUDING" AEDICAL AS A BU ILTH ANI	NO	PART 2 DINER SIGNIFICANT (	DNDITIONS (DNTRIBU	TING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE DR CONDITION GIVEN IN PAI	IT 1 (a).	
SHOULD ORD "PER CHIEF A E USED I OF HEA	TIFICATI	19a. DATE OF OPERAT	ION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?  YES NO
FICATE STATE WOOULD BILLING BILLING BILLING BILLING BILLING BURI	AL CER	UNDERLYING O	R	HOUR A.M. MONTH DAY YEAR		O (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2}
VRITING VRITING ARDED 1 GE 3 SH GE 3 SH TE DEPA	MEDIC	21d. INJURY OCCURRE WHILE AT WORK AT WO	/HILE D	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
INER: THE STATE OF		22a. I certify that I t	ook charge of the				nd in my apinian
EXAMI CERTIF JID BE DIRECT WITH ARYLA		ACTUAL	Mon	Va Hores	TITLE (SPECIFY)	Undetermined monner	DATE 1/26/8/
ON THE PROPERTY OF THE PROPERT	rance.	EXAMINER'S NAME	THOM	AS L. JONES.	A.D. ADDRESS 112	PEARL ST, SWA	WHILE TOTAL TISTS
PAF TO PAF	23e. B	JRIAL, CREMATION, RE	MOVAL 23b. DAT	28/81 RIVOYS	METERY OR CREMATORY	123d. LOCATION BY OR TOWN	Wor - and
DHMH - 17 (VR A15 ME (5))	24. 5		Burgo	ADDRESS Berlin	MA ZSa ZATE P	REC'D. BY REGISTRAR 1887	trytaling
THE PROPERTY OF A SAME STATE OF STREET AND THE PROPERTY OF THE STREET OF THE DEATH IN	TO SECURE THE CERTIFICATE, WRITING THE WORD THE MORD THE MINING THE MAN ATTENDED THE SECURE THE CERTIFICATE, WRITING THE WORD "PENCIL IN TIEM 18, GIVE PAGES 1, 2, AND THE MINING THE WORD "PENCIL IN THE 18, GIVE PAGES 1, 2, AND THE MINING THE	WELLY THE CERTIFICATE, WITHING THE WORD "PENDING" IN PENCIL IN REA HOURS ATTENDED TO THE CHERTIFICATE, WITHING THE WORD "PENDING" IN PENCIL IN ITEM 3. GET AND 3. RETAIL BAGE 5.10. AND 3. RETAIL BAGE 5.10. WITHING THE WORD "PENDING" IN PENCIL IN ITEM 3. RETAIL FORM PM. 3. RETAIL BAGE 5.10. FOR PROBLEM PORTION OF SALUMORE, ANGES 3. BOULD BE FREE WITHIN MICHAELT BAGE 5.10. FOR PENDING WITH PORTION OF SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VICE AND SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH AND SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH AND SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH AND SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH AND SALUMORE, MARYLAND, 2.120. PRIOR FO BURIAL, CREMATION, OR REMOVAL.    A STEED DEATH AND SALUMORE, MARYLAND SALUMORE, MARYLAN	TO ENGREE THE THE AND THE	THE STATE REGISTRAR  1. DECEASED NAME  (TYPE OR PRINT)  DOMN  SEX	THE REGISTRAR  I. DECEASED NAME  I. NAME OF MOSPITAL, NURSING HOME  I. NAME OF MOSPITAL, NURSING HOME  I. DECEASED NAME  II. NAME OF MOSPITAL, NURSING HOME  III.	STATE REGISTAR  I. DECEASED NAME  II. DECEASED NAME  III. DECEASED NAME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  I. DECEASED NAME (1893) JOHN HENRY BROWN JOHN JOHN HENRY BROWN JOHN JOHN JOHN HENRY BROWN JOHN JOHN JOHN HENRY BROWN JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOH

There is be a fill them as a second the appropriate the second of Sellin 30 Layer Frederick

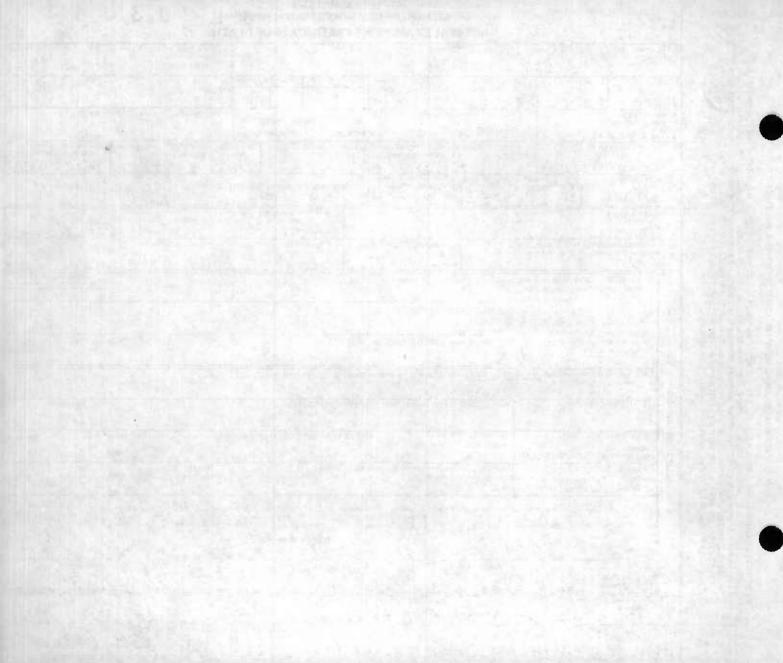
87			FOR				MARYLAND I AND MENTAL H	YĞIENE	0 3	3 3 4	
Z			STATE REGISTRAR				CERTIFICATE O		REG. NO.		
	1. S. S. P.	1. DEC	CEASED NAME FIRST LEGG LEGG LEGG LEGG LEGG LEGG LEGG LEG	Y	MIDDLE	1.406	LAST	20. DATE K OF DEATH	NOWN MONI	11 198/ 6	HOUR
	S NEGESSARY PLEASE FUNERAL DIRECTOR. S EOR YOUR FILES. OF WITHIN 72 HOURS OF WESTON STREET.	3. SEX		S. DATE OF BIRTH	YEAR LAST	BIRTHDAY) MON	NDER 1 YR. IF UNDER		MONT	H DAY YEAR 2d !	HOUR
•	VERAL D	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?		IED NEVER MARRI	ED 9. BALTIMO	RE CITY OR COU		M
-	R ANY DELAY IS NEW AND 3 TO THE FUI RECORDS, 301 V	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING I			12a. USUAL OCCUPA FOR MOST OF WORKE	TION (TYPE OF WOR		MD.
-	IF ANY DELA 2, AND 3 TO 3. RETAIN BE SHOULD BE	USUA 3a, S	L RESIDENCE (IF IN NURSING HOME OR TATE , 13b. COUNT		VE RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e STREET ADDRES	5	THOM: COO	T
D. 21201	H 2 3 3	14. F.	ARYLAND WORC	MIDDLE	/ SCRLI	7	YES NO S	N NAME MID	DIE 27/	Poplar LAN	e.
RE, M	S S S S	6	eonge		LAtime		NANCY	/			
BALTIMORE, MD.	HOURS AFTER DE 18. GIVE PAGEG WITH FORM AIT. PAGES 1 AN E. DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	314-42	-9040	Charles	T. Henry	BERL		
ST.,	M 18. O NG WI RMIT. P.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY:	Ochte)	Ryce	deal John	utex		APPROXIMATE INTER	DEATH
PRESTON	WITHIN 24 HOUF CH IN ITEM 18. INER ALONG W RANSIT PERMIT. I TAL HYGIENE, DI MOVAL.		4100 Canditions, if any, which	DUE TO, OR	AL A CONSEQUE	Visto	Carlina	rade 1	Diamo		
301 W. P	EXECUTED WITHIN 2 VG" IN PENCIL IN IT CAL EXAMINER ALC A BURIAL-TRANSIT PI AND MENTAL HYGE TON, OR REMOVAL.		gave rise to immediate cause (a) stating the under- lying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF	Cooperation	researce not	seage		
RECORDS, 3	PENDING" I F MEDICAL ED AS A BUF HEALTH AND REMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH	BUT NOT RELATED TO TH	E TERMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).	U SIP		
TALREC	S. B.S.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AUTOPSY?	
DIVISION OF VITAL	CERTIFICATE SHO TING THE WORD DED TO THE CH E 3 SHOULD BE U I DEPARTMENT OF PRIOR TO BURIAL,		210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF MUU	RY IN ITEM 18 PART 1 OF		
DIVISIO	E: THIS CERTIF TE, WRITING 1 DRWARDED 16 : PAGE 3 SHG STATE DEPAR 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY (AT HO TORY, FARM, ETC.)		OCATION STREET	CITY OR TOW	N	COUNTY \$	STATE
	A PER CALL		22a. I certify that I taak charge death resulted fram: Nature	e of the remains des	cribed above, held	an Auta	osy , Inspection	n . Inquiry		apinian	
	CAL EXAMI THE CERTIFI SHOULD BE RAL DIRECT ATH. WITH		ACTUAL SIGNATURE	hones 4	pren	all)	A.D. TITLE (PPICIFY)	MEDICAL EXAMI	NER SIG	TE 1/12/81	_
	TO MEDICAL E. EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH. BALKIMORE, MA		EXAMINER'S NAME THOM		ONES.M	D.	ADDRESS_112	PEACL ST, S	SNEW HIL	L, Md. 2186	3
	BP	(:	URIAL, CREMATION, REMOVAL 23 BURIAL UNERAL DIRECTOR	1-11-81	Green	ville Ce	metery	CEC'D. BY REGISTRAR	Green 1256 REGISTRAN	VILLE WIS, STATE	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	Ve	NAME 21	hape PODRESS	Saus. M	rsey R	d INN	4 0 4004	bud for og	Michaely	

10000 Jean bayiler To the state of th . Com rouse unwell relations averaged 40001 - mold more TO A PARAGRAPH OF THE STATE OF

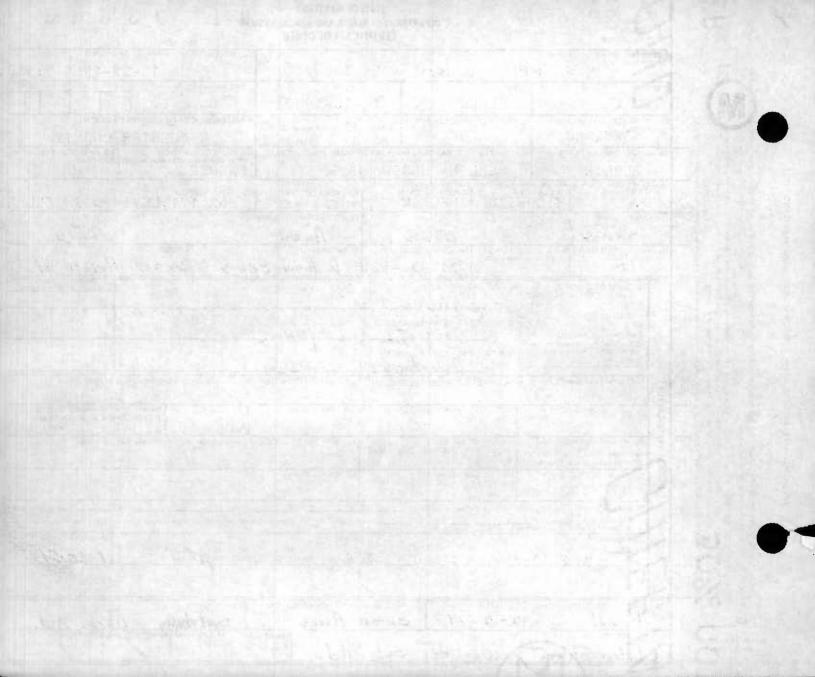
	1 -	FOR STATE REGISTRAR ROXI	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENT  CERTIFICATE OF DEAT	
		EASED NAME FIRST R PRINT)	MIDDLE LAST	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1 3		ROXI	E May COLLINS	1- 8- 81 10;
3.	SEX		4. RACE 5. DATE OF BIRTH White 7. AND AN OF THE CONTROL OF THE CON	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
1		female	7 20 70	TRO.
35	CO	THPLACE (STATE OR FOREIGN INTRY)	76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED NOVER	ED   Worcester
^		erlin, Md.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BETTIN NUTSING HOME	ON 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Seamstress
	SUA Bo. ST	ATE 136 CO	cester Ocean City YES X NO	□   509 Philadelphia Ave.
36	FAT	HER'S NAME FIRST PAYLES	MIDDLE BAKEY Cathe	MIDDLE LAST
medical 160		AS DECEASED EVER IN U.S. A S, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1214-10-8030 William	ADDRESS
8 shows any injury, or other		couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  90 DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  (c)  (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Supplied Sup		210. ACCIDENT WAS UNDERLYING	☐ 21b, TIME OF INJURY 21c, HOW INJURY	YES NO YES NO OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
d or litem 18		OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED (ENTER NATURE OF INJURY IN TIEM 16, PART I OR PART 2)
5		WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN COUNTY STA
orked	٤	AT WORK AT WORK		
MPORTANT: If them 21 is morked		220. I certify that (I) (this has	DEGREE  ATTEN PHYSI  PHYSI  TO THE PHYSI  TO	opinion death occurred on the date and hour and from the causes sta

Secretary States Live Street Williams Later & Allegan March 1986

/ *				OF MARYLAND	0 7	7 3 9
1		FOR STATE	DEPARTMENT OF HI	EALTH AND MENTAL HY	SENE U S	) 4 L
X'		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF D	DEATH REG. NO.	
	T. DEC	CEASED NAME FIRST	MIDDLE	LAST	26. DATE KNOWN MONTH	DAY YEAR 126 HOUR
	(TYP	E OR PRINT) VOLLEY	ROBERT	(1)LL1119	OF ESTI-	14 0/ 1/15
				Co2-100		14 1951 11 AM
1	3. SEX	4. RACE 5. DATE MONTH	OF BIRTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN	IKS. Zt. DAIE	DAY YEAR 2d. HOUR
ì	m	ALE WHITE FEB	6, 1912 68 YRS		DEAD /	14 198/ FBM
Ì	F. BI	RTHPLACE (STATE OR 7b. CITIZ		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1		ARYLAND	II CA	WIDOWED DIVORCED	1 INDARER	TEN
1			NE OF HOSPITAL, NURSING HOME,		USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS
l		(IF NO	T IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
4	D	ISHOPULLLE	K.F.D.		SHIP'S OILER	MARINE
1	USUA 13e. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INST TALE 13b. COUNTY	STITUTION, GIVE RESIDENCE BEFORE ADMISSION		STREET ADDRESS	
		MD WORCES			RED	
1	14 FA	ATHER'S NAME	01-1025110104	15. MOTHER'S MAIDEN N.	AME	
1	)	FIRST	LAST	FIRST	WIDDLE	LAST
1	14	LEUIN J.	COLLIN		K	LOCLINS
	180. V	VAS DECEASED EVER IN U.S. ARMED FORE		NO. 17. INFORMANT	ADDRESS	
		NO	122-01-7	760 LEUIN, D	. COLLINS, BIS	HOPUILLE MD
f		18. CAUSE OF DEATH (Enter only one cau	use per line far (g), (b); and (c)	1/1/1/	1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY:	K WIN SE	wand of lui	200	BETWEEN ONSET AND DEATH
		Commediate Cause	UE TO, OR AS A CONSEQUENCE OF	1		
		Canditions, if any, which	DE 10, OR AS A CONSEQUENCE OF			
		gave rise to immediate	(b)			
j		cause (a) stating the <u>under-</u> lying cause last.	JE TO, OR AS A CONSEQUENCE OF			
1		lying cause last.	(c)			
		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION		AL DISEASE DR CONDITION GIVEN IN PART 1 (e		
١	Z					
4	5	19g. DATE OF OPERATION	b. CONDITION FOR WHICH OPERA	TIONI WAS DEPENDATED?		20. AUTOPSY?
2	S	THE DATE OF CIERATION	B. CONDITION FOR WHICH OFERA	TION WAS PERFORMED!		ZU. AUTOPST?
	CERTIFICATION					YES NO 🔀
2	CER		B. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
1	AL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	STREET, STREET		
	MEDICAL	214 INILIPY OCCUPRED 21	Te_PLACE OF INJURY (AT HOME,	21f. LOCATION		
1	ME	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN CO	DUNTY STATE
1		AT WORK AT WORK				
1		22e. I certify that I taak charge of the re	emains described above, held an	Autopsy . Inspection	Inquiry , and in my a	pinian
		A STATE OF THE STA				
		death resulted fram: Natural buses	Accident L, Suici	A	ndetermined manner,	//
		ACTUAL YOUR	19 - n(n)	TITLEGRECHY	DATE	1/11/01
4		SIGNATURE	V/114 - 100	M.D. Auguly	MEDICAL EXAMPLER , SIGN	117/3/
7		TO A A A IN IEDIC A LA A E	10/1 1 100 1.	1 1.6	011.1.11	ul mil
1		(TYPE OR PRINT) THOMH	19 W- JONES M	· V. ADDRESS 1/2 Pa	West, Hills He	1111
	23e.B	URIAL, CREMATION, REMOVAL 236, DATE	23c. NAME OF CEME	TERY OR CREMATORY 123	d. LOCATION	
-	(8	S!'ECIFY)	8-81 Max E.		CITY OR TOWN COL	1.00 STATE
	74 E	13 ILR IAL 1-1	OUDDE	E CLOWS /	DISHOPUTLLE, U D. BY REGISTRAR [25b. REGISTRAR'S	SIGNATURE
	47. 1	NAME 1	ADDRESS	230. DATE RECT	1 0 1001	. holl
	U	VATSON +WHALE	Y, SELBYUIL	iE, DEL, JAN	T A 1201	y// working



	1.	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE REG. NO	0 3 3	43
		CEASED NAME FIRST	MIDDL	4	LAST	20. DATE OF DEATH	MONTH DAY YEAR	
	2.00	SAM		ilsow	ENNIS	1.105	1 -29-19	741
	3. SE	MALE	4. RACE BLACK		ATE OF BIRTH  12-10-1900  AND THE PROPERTY OF	6. AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER 1 YI  MONTHS DA  YRS.	
35	<b>7a.</b> B ⊂	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	TCA MA	RRIED NEVER MARRIED		ESTER COU	
70		BERLIN	BERLI	N NURSIN	G HOME	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF FARMER		D OF BUSINESS OR RY
35	M		ONTY  OMICO	RESIDENCE BEFORE ADMISS CITY OR TOWN HEBRON	YES NO		,LEVIN DA	SHIELL R
20		SAMUE	MIDDLE	ENWIS	15. MOTHER'S MAIDEN N. ANNIE	WIDDLE		LAST
2	6a \ (	VAS DECEASED EVER IN U.S. A YES, NO DE UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	214-36-5	. //	Enwis Box	1337 Hebi	ROXMATE INTERVAL LEN ONSET AND DEATH
injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	a consequence of Levis of	DE LEAST CHEER BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART	[ ](o)
8 shows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	ation was performed	20a. AUTOPSY?  YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH? NO
or Item 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D {IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M.		EAR 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART	2)
morked or I	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ET	C.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
MPORTANT: If Hem 21 is mor	7-1-1-6-7	27a. I certify that (I) (this has sow the deceased alive cobove, (I) (we) (did) (did in 27b. SIGNATURE 7724/PHYSICIAN'S NAME (TYPE	on view the body ofte	19	DEGREE ATTENDING PHYSICIAN .726 ADDRESS	, to	27c. D/	_, that (I) (we) lost the causes stated ATE SIGNED
O I	23a.	BURIAL, CREMATION, REMOVA SPECIFIC	23b. DATE 2-2-8		OF CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN SALEDUM	COUNTY 24 Wico	STATE Md.
77	24 F	UNERAL DIRECTOR	+ WEST	ADDRESS SH	lis. md.		ML REGISTRAR'S SIGN	JATURE



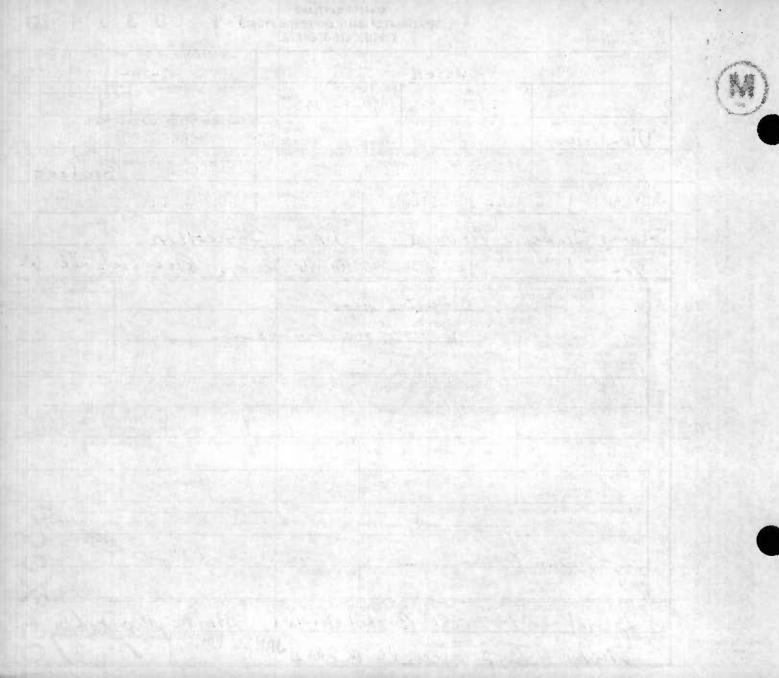
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

0	3	3	4	4

	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	03344
1		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		HARRY	Russell	F	LEMING		1-14-81 6:00
ſ	3. SEX		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24
		MALE	WHITE	10	-1-17912 YEAR	68	YRS.
5		RTHPLACE (STATE OR FOREIGN PUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		R COUNTY OF DEATH
5		Virginia	AMERICA	WIDOWE			ESTER COUNTY
0		TY OR TOWN OF DEATH BERLIN	11. NAME OF HOSPITAL, NURSIN (IF NOTINGUCH FACULTY, GIVE STREET BERLIN NUF	RSING	HOME	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O WATERMA	ON 126 KIND OF BUSINESS INDUSTRY Sea Food
5	MAS	RYLAND SACOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR				TRAILER PARK
0	14 FA	Jany Jacks	widdle Pleming		15. MOTHER'S MAIDEN NAM FIRST	OSWall	e last
2	16a. W (Y	VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 231-03-		Orulle des	neve - 6 h	eonbackwills, V
-		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), an	id (c).)	1 0 ot - 1		APPROXIMATE INTERVA BETWEEN ONSET AND DE
1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PART 1(a)
2	CATION	PART 2. OTHER SIGNIFICANT O	19b. CONDITION FOR WHICH			20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED
3	TIFICATION						
3	CAL CERTIFICATION		19b. CONDITION FOR WHICH	OPERATION		20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
7	MEDICAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY IN ITEM 18, PART 1 OR PART 2)
7		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspit saw the deceased alive on	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR  216 LOCATION STREET  , 19	200. AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE NO THE NO. TO THE NO. T
7		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspit saw the deceased alive on	19b. CONDITION FOR WHICH THE OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) ottended the deceosed fram	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR  216 LOCATION STREET  , 19	200. AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE  NO COUNTY STATE  TO THE TOTAL STATE OF THE COUNTY STATE  TO THE COUNTY STATE OF THE
7		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this haspii sow the deceased alive on obove, (1) (we) (did) (did no	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Italian) ottended the deceased from 11 view the body ofter death.  AAAAWAA	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR  216. LOCATION STREET  , 19  Ind that in (my) (our) opinion of DEGREE  ATTENDING	20a. AUTOPSY? YES NO CITY OR TOV	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE  NO COUNTY STATE  TO THE TOTAL STATE OF THE COUNTY STATE  TO THE COUNTY STATE OF THE
7	WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Ital) attended the deceosed from	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR  216 LOCATION STREET  , 19  and that in (my) (our) opinion of the company	20a. AUTOPSY? YES NO CITY OR TOV	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE  NO COUNTY STATE  TO THE TOTAL STATE OF THE COUNTY STATE  TO THE COUNTY STATE OF THE
7	WEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspings) sow the deceased alive on above, (b) (we) (did) (did no) 22b. SIGNATURE  272d, PHYSICIAN'S NAME (TYPE OF SURFIAL CREMATION, REMOVAL)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Ital) attended the deceosed from	AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURR  216. LOCATION STREET  , 19 ad that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN  226. ADDRESS	20a. AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  Jeoth accurred on the de  MEDICAL PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE  NO COUNTY STATE  TO THE TOTAL STATE OF THE COUNTY STATE  TO THE COUNTY STATE OF THE



te I		STATE OF MARYLAND				
9		DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 3	3 4 5			
FOR STATE	R STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEALTH DEPT.			Doy Yeor 2b. HOUR			
ges 1, PM3.	L '	(Type or Print) ELMER JAMES HALL DEATH MATED [] 1	5 1981 3 AM			
The same	3. 5	SEX S. DATE OF BIRTH  April 16 1910  6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS MIN MONTHS DAYS HOURS MIN MONTH Doy 15	Year 19 81 845 M			
一 (明明東人	70.	BIRTHPLACE (Stoje or foreign 7b. CITZEN OF WHAT DUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY, OF DEATH	1,0 0,1 11			
- W = S = -		untry) Md, U.S.A. WIDOWED DIVORCED Worcester	Md.			
21201 1 hours in Item ice alon	10.	CITY OR TOWN OF STREET OR TOWN OF THE PROPERTY	2b. KIND OF BUSINESS, OR NOUSTRY Public L			
4-5 FE	130	o. USUAL RESIDENCE Warm de eosed lived, if institution: Residence before 13c. CITY OR TOWN, 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER	Traysportation			
s e i		odmission) STATE Md 13b. COUNTY Worcester Ocean City YES X NO 7075t, Louis 1	que.			
₽_: E 50%	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	+ last			
BALTIM executed pending dical Exa pages	160.	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT, ADDRESS	atchum			
F 0 0 0 +	(	(Yes, no openknown) (If yes give war or doles at service) 220-09-1779 Mrs Florence P. Hall 107 St. Louis Ave.	Ocean City Md			
w. PRESTON STREET, certificate should be to the word "ded to the Chief Med I-transit permit. File val, and in any event		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
shou the Chie		PART I. DEATH WAS CAUSED BY CARDIAC ARREST	1MMEDIATE			
PRESTON ificate sl writing the ta the insit per		DUE TO, OR AS A CONSEQUENCE OF				
N. PRES certification the, writtinged to the transit ral, and		(b) ATHEROSCLEROTIC CARDIO VAKULAR DISEASE rise to immediate couse (a),	YEARS.			
301 W. PRESTON STREE:  This certificate should be certificate, writing the word farwarded to the Chief M burial-transit permit. File or removal, and in any even		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  (c) BTHEROSCLEROSIS				
301 V This ertifico farward burial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
RECORDS, S EXAMINER: xecute the ce should be fi used as a	-	DIARETCE POSULOUS MYST APPLAN INFADT. TIME				
ORDS WAINE of the the bid by Id by Id by Id os	ATIOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?			
RECO EXAN execute should used	CERTIFICATION	WAS PERFORMED?	YES NO			
VITAL RECORDS, MEDICAL EXAMINER please execute the age 4 should be les. uld be used as a uld de used os a uld id, cremation, a			18.)			
	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Co. A. Co.			
<b>○</b> ≻ ≦ 5 . p		21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote			
		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	and in my apinion			
or is Po		deoth resulted from: Notural couses X, Accident , Suicide , Hamicide , Undetermined manner	7			
delay i funeral funera		CHIEF MEDICAL EXAMINER				
any of the fine for the formula for the formul		SIGNATURE COURT COM M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED/			
		EXAMINER'S DALK A CONTAINER DEPUTY MEDICAL EXAMINER 1/15	10,			
eath.	230	NAME (Type) A. SCOTT, M.D., ADDRESS(Street, city, town, or county) 24 BREAD.  10. BURIAL, CREMATION, 23b. DAJE / 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (Company)	ST BERLIN, MO			
offer death. If 2, and 3 to 7. Page 5 may be received the	230	BEMOVAL (Specify) 1/18/8/ Evergreen Cometery Berlin Ware	ester Md.			
り 1/71 10M (VR A15ME (5))	24.		SNATURE Creaty			
(*** /*********************************		LEVILLY, I'LL, DAIL				

A Late A Late The Park of the Park St. Co. A STREET AND A STR The state of wall and the said of the said Many design of the state of the P G & t

Harris I State of L. Sangiana, I State of the State of th Port Land Charles Comment of the Comment of th THERES L. HELS M.D. . I TO DESCRIPE SERVICE ME AND AND SECURITION OF THE PARTY FOR

- STATE

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGERE

10,0L lite e.r. e • reester Count, . •conose C ty Hartley Hall Mursing Moune av .attification to lot at the Coste Piers Sensus uten e C. Unoens er 3 5 utn. st. ocompte C t, 4. 2055 in the votile salomoons and the

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the medical exampne, must be notified of event.

	1.	FOR STATE	DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	sieße 1	0 3 3	3 4	9
Ы		REGISTRAR CEASED NAME FIRST	MIDDLE LAST			REG. N 20 DATE OF DEATH		YEAR	26 HOURam
7	(TYPE	ORPRINT) MATTIE		MAD	DOX	5.12415	1-15-8	31	10:20 <sub>M</sub>
1	1 SEX	X	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
1		female	black 1		10 00	81	YRS.		
2		DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		EATH	
1	0 CI	Maryland  TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME			Worcester MD  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE			
10	В	erlin, Md.		HFACILITY, GIVE STREET AGORESS) ET LIN NURSING HOME					
PE	I3a. S	STATE 13b COUN	other institution, give residence before ity	VN	13d. INSIDE CITY LIMITS?	Rt. 1, B	ox 129	,Wes	Md. tover,
2 FATHER'S NAME MIDDLE BLAST IS MOTHER'S MAIDEN NAME GIDDLE						Si	of LAST	art	
	16a. W	VAS TEASED EVER IN U.S. ARA	WAR OR DATES) 220-01-	-7027	Lena TIME	ADDRESS OF THE BALL BALL	ss lon zire	tom	ermd
	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (o), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							IGS USED
7	RTIF					YES NO	YES 🗌		NO 🗆
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	OR PART 2)	
-	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.}	21f LOCATION STREET	CITY OR TO	wn cc	YTAUC	STATE
		22a.1 certify that (1) (this hospite sow the deceased olive on obove, (1) (we) (did) (did not	tal) attended the deceosed from		nd that in (my) (our) opinion	death occurred an the d	ate and haur and		that (I) (we) lost couses stated
		THE SIGNATURE	baise mo.		DEGREE  ATTENDING PHYSICIAN [ 1226 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF	22c. DATE	SIGNED
1	22		100,0476	NIAME OF	CLASSES OF COLUMN	224 IOCATION			
	_	UNERAL DIRECTOR	23b. DATE 23c	o hu	Toesley  250  250  250  250	23d LOCATION CITY OF TOWN	Some 25th REGISTRAR'S	ersy	STATE WILLIAM
	4	TURES MOSTYLLE, H	o i, willwest	MACI	THE VIVE				

The day of the second of the second No Trucker of Sullette. Color expense, leaveling LEEL BENEF and the same of the same that the same

				STATE OF MARTLAND	64 1 m	10 mg		
	١,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 3 3 5 0					
	1	- STATE REGISTRAR						
				CERTIFICATE OF DEATH	REG. NO.			
4 M E	I. DE	CEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MON	10 11001		
Pe Pe		JDA	ν.	CAYA18_		-8-81 81SPM		
200	3. SE	х _	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY			
(BAA			1.	MONTH DAY YEAR	OM	MONTHS DAYS HOURS MIN.		
e EMI			U	7 9 1893	0 1	YRS.		
		IRTHPLACE ASTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH		
95 25 est	,	M	1150	WIDOWED DIVORCED	WORCES	STER MD.		
he funera within 7	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR		
the fee	1	2 - 1/5	LIENOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WOR			
by the filed v	10	REPUIN MID.	BURLIN N	ESG HOME	Housewill	-E HOME		
b s i o	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Lin CYNCET ADDRESS			
24 h	130.	STATE 13b. COUN	1 - 1	YES NO T	130 STREET ADDRESS	BALLIC ST		
E >= = = =	11.5	110	ORC OCEAN	15 MOTHER'S MAIDEN NA	10acr	COLINE OI		
nimin 2	14. F.	ATHER'S NAME	MIDDLE . LAST	IS MOTHER'S MAIDEN NA	ME	LAST _		
mpletel ond 2 s Exemina		K-IC HAPD	HASTING	SILDA	(	ONNELLEE.		
5 0		WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS			
e execut n ond co Poges 1		4.4	WAR OR DATES)	2177 500 401	1	MAN C. MAN		
s.P		NOV	213-14-	2177 JALLY R.	NALLACE . UC	EAN CITY, MD,		
a a <del>+</del>		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), one	Return		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
g physicon on poper emovo event,		PART I. DEATH WAS CAUSE		- wowellings.				
		ILA CA O	E CAUSE (o) OLIVACIO	THE STATE OF THE S				
death ce totendin nove corb otion, or troumatic		17772	DUE TO, OR AS A CONSEQUE			~		
deot other tion,		Conditions, if ony, which	( b) Thullalle	artery rollingtie	a ordinamela de	when .		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF				
by the ose rei other		underlying couse lost.		INCE OF				
ed been riol.			(c)					
in gan	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							
The injurto	ON N	None						
been been prior prior	3	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
W S o o o o	Ē				YES NOT	YES NO		
Sh og st	CERTIFICAT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN IT			
AN PAN		OR CONTRIBUTING CAUSE OF DEA	LUCUR ALL MONTH D.		The farmer of the second secon	2, 13, 130 ( 2, 1)		
SICE ng p certit priol- ento	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE		
the the ond	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITOKTOWN	STATE		
Aft of the last				11 8-40 0	1-0-01	19 that (I) (we) lost		
N. USR.			tol) ottended the deceosed from_	and that in (my) (our) apinian	, 10	, , , , , , , , , , , , , , , , , , , ,		
Or aften b DIRECTOR, oched for up Dept. of He f Item 21 is		sow the deceased alive on above, (I) (we) (did) (did no	t) view the body ofter death.	, and that in (my) (our) apinion	deoth occurred on the dote o	nd hour and from the causes stated		
hospin INRECTORES Sept. of fem 2		226. SIGNATURE	/	DEGREE		22c. DATE SIGNED		
ITAL OF A by the hosp by the hosp by the hosp detoched detoched doto Bept. If Item		1	e all	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN			
Stote de	-	22 PHY JEIAN'S NAME (TYPES	TUVU	22e. ADDRESS	J DIRECTOR LA FITTSICIAIN			
HOSPI ined to FUNE old be hithe S		THE PETAL STAME (1186 OF	RPRINT	TIE. ADDRESS				
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0 a 5 d y ₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION			
DD.		(SPECIFY)	1-11-81 1	TERRETTI CHA		WORC. MD.		
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DHMH-16 50M 7/77	24 F	UNERAL DIRECTOR	ADDRESS	736. DA1	JAN 1 4 1991	RECHARISSIGNATURES		
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